

U.S. Department of State APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

OMB APPROVAL NO. 1405-0015 EXPIRES: 05/31/2004 ESTIMATED BURDEN: 1 HOUR* (See Page 2)

		PART	I - BIOGI	RAPHIC DATA			
INSTRUCTIONS: Complete one immigrate with you. Please printhere is insufficient room on the additional sheets to this form.	nt or type you form, answe	orm for you r answers to r on a separ	rself and o all ques rate sheet	each member of yo tions. Mark questi using the same no	ons that are Not App umbers that appear o	n the form. Attach any	
WARNING: Any false statement							
This form (DS-230 PART I) is the Application for Immigrant Visa a	ie first of two and Alien Reg	parts. This	s part, tog	ether with Form D			
1. Family Name		:	First	Name	Middle Nar	ne	
2. Other Names Used or Aliases (If I	married womar	ı, give maidei	n name)				
3. Full Name in Native Alphabet (If F	Roman letters n	ot used)					
4. Date of Right (mm dd man)	5. Age	6. Place of	Birth				
4. Date of Birth (mm-dd-yyyy)	J. Age	(City or tow		(Provi	ince)	(Country)	
7. Nationality (If dual national,	8. Gender	9. Marital S	Status			The second secon	
give both)	Male		(Never mai	parried) Married Widowed Divorced Sepa			
	Female	Including m	y present r	narriage, I have been			
 Permanent address in the United known (street address including person who currently lives there 	<i>zip code).</i> Ind	you intend to lude the nam	o live, if ne of a	Resident Card	(Green Card) mailed, if	ou want your Permanent different from address in n who currently lives there).	
į.							
Telephone number:				Telephone number:		/6: i / / / / / / / / / / / / / / / /	
12. Your Present Occupation		·	13. Prese	ent Address (Street A	Address) (City or Town)	(Province) (Country)	
		,					
		·	- 1	and the state of t		fine	
			Telephone number: Home First Name Mic			Office	
14. Name of Spouse (Maiden or far	nily namej		11151	ituino .	Middle Nar		
Date (mm-dd-yyyy) and place of	hirth of spouse	:					
Address of spouse (If different from							
Addiess of spease in direction in	,						
Spouse's occupation:		· · · · · · · · · · · · · · · · · · ·		Date of marriag	e (mm-dd-yyyy):		
15. Father's Family Name		. ,	First	Name	Middle Nar	me	
16. Father's Date of Birth (mm-dd-yyy	Place of Bir	th	Cur	rent Address		If deceased, give year of death	
17 Mark 22 C 21 N 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				N1	, 81 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u> </u>	
17. Mother's Family Name at Birth		ه این در این د	First	Name	Middle Nai	118	
18. Mother's Date of Birth Imm-dd-yy	Place of Bir	th	Cur	rent Address		If deceased, give year of death	

	irth, and Addresses of ALL	DI ACC OF DIDTIA	ADDDECO ME MAG	form contra present
NAME	DATE (mm-dd-yyyy)	PLACE OF BIRTH	ADDRESS (If different	rrom your own)
			and the second s	
	<u></u>			
20. List below all places you have lived with your present residence.	d for at least six months sin	nce reaching the age of 16, include	ling places in your country	y of nationality. Begir
CITY OR TOWN	PROVINCE	COUNTRY	FROM	A/TO (mm-yyyy)
		υ		
				<u></u>
		· · · · · · · · · · · · · · · · · · ·		
21a. Person(s) named in 14 and 19 wh	no will accompany you to th	ne United States now		
216.161301(3) Hamed III 14 and 13 WI	io trin docompany you to the			
21b. Person(s) named in 14 and 19 wh	no will follow you to the Un	ited States at a later date.		
	ja om samara jaan sa siia ja s			
22. List below all employment for the	last ten years.			•
EMPLOYER	LOCATION	JOB TITLE	FROM	M/TO (mm-yyyy)
	·			

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				· · · · · · · · · · · · · · · · · · ·
n what occupation do you intend to w	ork in the United States?			
	ns attended.	FROM/TO (mm-yyyy)	COURSE OF STUDY	DEGREE OR DIPLOM
23. List below all educational institutio	ns attended.		COURSE OF STUDY	DEGREE OR DIPLOM
23. List below all educational institutio	ns attended.		COURSE OF STUDY	DEGREE OR DIPLOM
23. List below all educational institutio	ns attended.		COURSE OF STUDY	DEGREE OR DIPLOM
23. List below all educational institutio SCHOOL AND LOCAT	ns attended.	FROM/TO (mm-yyyy)	COURSE OF STUDY	DEGREE OR DIPLOM
23. List below all educational institutio SCHOOL AND LOCAT	ns attended.	FROM/TO (mm-yyyy)	COURSE OF STUDY	DEGREE OR DIPLOM
23. List below all educational institutio SCHOOL AND LOCAT Languages spoken or read: Professional associations to which you	ns attended.	FROM/TO (mm-yyyy)	COURSE OF STUDY	DEGREE OR DIPLOM
23. List below all educational institutio SCHOOL AND LOCAT Languages spoken or read: Professional associations to which you	ns attended.	FROM/TO (mm-yyyy)	COURSE OF STUDY	DEGREE OR DIPLOM
23. List below all educational institutio SCHOOL AND LOCAT Languages spoken or read: Professional associations to which you 24. Previous Military Service	belong:	FROM/TO (mm->yyy))		
23. List below all educational institutio SCHOOL AND LOCAT Languages spoken or read: Professional associations to which you 24. Previous Military Service Branch:	ns attended. FION belong: Yes No	Pates (mm-dd-yyyy) of Service:		
23. List below all educational institutio SCHOOL AND LOCAT Languages spoken or read: Professional associations to which you 24. Previous Military Service Branch: Rank/Position: 25. List dates of all previous visits to	belong: Yes No	Pates (mm-dd-yyyy) of Service:		
23. List below all educational institutio SCHOOL AND LOCAT Languages spoken or read: Professional associations to which you 24. Previous Military Service Branch: Rank/Position: 25. List dates of all previous visits to number if any.	belong: Yes No Nor residence in the United S	Pates (mm-dd-yyyy) of Service:	live type of visa status, if	known. Give INS "A"
23. List below all educational institutio SCHOOL AND LOCAT Languages spoken or read: Professional associations to which you 24. Previous Military Service Branch: Rank/Position: 25. List dates of all previous visits to	belong: Yes No Nor residence in the United S	Pates (mm-dd-yyyy) of Service:		
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Languages spoken or read:	belong: Yes No Nor residence in the United S	Pates (mm-dd-yyyy) of Service:	ive type of visa status, if	known. Give INS "A"

Privacy Act and Paperwork Reduction Act Statements

The information asked for on this form is requested provide and Patronality Act. The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Immigration and Naturalization Service will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue you a social security number and card.

*Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. In accordance with 5 CFR 1320 5(b), persons are not required to respond to the collection of this information unless this form displays a currently valid OMB control number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/RPS/DIR) Washington, D.C. 20520.